



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400001

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAWAII CORPORATION

DOING BUSINESS AS ORCHID OF HAWAII

ADDRESS 201 BEDFORD ST.

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: CHI CHAN, TAT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF A TWO STORY BLDG. ALCOHOLIC BEVERAGES TO BE SERVED IN BAR/LOUNGE AREA AND IN DINING ROOM. BEVERAGE STORAGE WILL BE ON THE FIRST FLOOR UNDER THE STAIRWAY LEADING TO THE SECOND FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400003

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAKEVILLE AERIE NO. 3994

DOING BUSINESS A FRATERNAL ORDER OF EAGLES INC.

ADDRESS 217 COUNTY ST.

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: ANDERSEN,
DEBORAH

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN BLDG WITH BASEMENT. ONE DOOR NORTH SIDE AND TWO DOORS WEST SIDE, FIRST FLOOR; ONE DOOR EAST SIDE IN BASEMENT. LOUNGE, HALL AND KITCHEN ON FIRST FLOOR; LOUNGE AREA AND KITCHEN IN BASEMENT

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400006

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POQUOY INVESTMENT GROUP, LTD.,

DOING BUSINESS AS

ADDRESS 20 LEONARD STREET

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: DICKOW, DANIEL TYPE OF LICENSE: Restaurant
CHARLES

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME CLUBHOUSE CONSISTING OF LOUNGE, DINING
AREA, KITCHEN, BAR AREA, PRO SHOP AND TWO RESTROOMS. 4 EXITS ON GROUND
FLOOR. LOWER LEVEL, LOCKER, STORAGE AND UTILITY ROOMS. ONE EXIT WITH
ANOTHER BETWEEN LEVELS. AB SERVED AT BAR, DINING AREA AND LOUNGE.

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400009

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAKEVILLE GOLF CLUB, INC

DOING BUSINESS AS

ADDRESS 44 CLEAR POND RD

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: MAKSY,
MADELYN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CLUB HOUSE CONSISTING OF KITCHEN AND LOUNGE ON MAIN FLOOR,
WITH STORAGE IN CELLAR. ONE STORY, ONE ROOM WOOD FRAME PRO SHOP OFF
HARCOURT AVE. STORAGE TO BE IN COOLER FROM WHICH BEVERAGES WILL BE
SERVED. STRUCTURE HAS ONE MAIN DOOR AND FOUR SLIDING DOORS

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400011

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAVAS LIQUORS, INC

DOING BUSINESS AS

ADDRESS 330 BEDFORD ST

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: SAVAS, IRAKLI A TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CONCRETE BLOCK BLDG WITH STORE AND STORAGE ROOM.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400012

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAMARACK WINE & SPIRITS, INC.

DOING BUSINESS AS

ADDRESS 157 BEDFORD ST

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: DONNELLY,
DAVID J. JR.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN BUILDING WITH BASEMENT HAVING ENTRANCES ON NORTH AND SOUTH SIDES OF BUILDING. STORAGE IN FIRST FLOOR STORAGE ROOM AND IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400013

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BBP, INC

DOING BUSINESS AS MUCKEY'S

ADDRESS 13 HARDING ST, S/S 44

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: SECKINGER,
WILLIAM G

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG CONTAINING APPROX 5312 SF. FRONT ENTRANCE WITH MEANS OF
EGRESS IN REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

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LOCAL LICENSING AUTHORITY

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400015

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH R STARR

DOING BUSINESS AS STARR'S COUNTRY MARKET

ADDRESS 78 MAIN ST

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD AND CEMENT BLOCK BUILDING WITH BASEMENT. STORAGE ROOM
AND COOLER ON MAIN FLOOR; ALSO STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400019

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAUL F. GRASSO

DOING BUSINESS A TUTTO ITALIANO

ADDRESS 12 HARDING STREET

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

JAMESWAY PLAZA ONE STORY BUILDING

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TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400020

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GULF RESOURCES INC.

DOING BUSINESS AS

ADDRESS 33 BEDFORD STREET

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02346

MANAGER: CARRIGG,
RICHARD E.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

40'X60', 1 STORY WOOD FRAME BLDG ON THE WESTERLY SIDE OF BEDFORD STREET (RT 18) APPROXIMATELY ONE MILE SOUTH OF MIDDLEBORO ROTARY CEMENT FLR-NO BASEMENT. ONE ENTRY/EXIT DOOR FACING BEDFORD ST.

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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400022

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LE BARON OPERATING COMPANY, LLC

DOING BUSINESS AS LE BARON HILLS COUNTRY CLUB

ADDRESS 183 RHODE ISLAND RD.

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: WILL, FRANCIS A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

HOLES I-18 CONSISTING OF APPROX. 162 ACRES WITH A 45000 SQ FT COUNTRY CLUB...TWELVE EXITS ON THE OPERATIONAL FLOOR AND TWO FACILITIES IN DOWNSTAIRS KITCHEN FOR LIQUOR...BEER AND WINE COOLERS LOCATED AT BAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400024

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BACK NINE CLUB,LLC

DOING BUSINESS AS

ADDRESS 17 HERITAGE HILL DRIVE

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: KLIEN,MARK
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE -STORY WOOD FRAME BUILDING WITH DECK AND BASEMENT,KITCHEN, BAR AREA,DINING ROOM AND DECK ON FIRST FLOOR;DINING AREA/LOUNGE, LOCKER ROOM AND SHOWER RESTROOM IN BASEMENT.ALCOHOLIC BEVERAGES STORED IN BAR AREA AND COOLER ON MAIN FLOOR AND IN BAR AREA AND LOCKED BULK STORAGE AREA IN BASEMENT.

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 058400025

CITY OR TOWN LAKEVILLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAKEVILLE VIRTUAL ENTERTAINMENT GROUP INC.

DOING BUSINESS AS THE BROKEN TEE VIRTUAL GOLF CLUB

ADDRESS 166 COUNTY ROAD

CITY/TOWN: LAKEVILLE

STATE: MA

ZIP CODE: 02347

MANAGER: KITCHEN, MARK TYPE OF LICENSE: General on
S. premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ FT OF SPACE CONTAINING A VIRTUAL GOLF ENTERTAINMENT BUSINESS
LOCATED WITHIN A ONE STORY COMMERCIAL/RETAIL BUILDING...ALCOHOLIC
BEVERAGES STORED IN BEVERAGE COOLER AND IN LOCKED STORAGE CLOSET

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